



215-824-2300

Carpenters Joint Apprenticeship Committee
10401 Decatur Road
Philadelphia, PA 19154

215-824-2313 fax

**WELDER, WELDING OPERATOR, OR TACK WELDER QUALIFICATION TEST RECORD**

Type of Welder Welder
Name Michael Gill
Welding Procedure Specification No. CJA1375 Rev 0
Identification No. MG3G
Date 11/11/15

Variables	Record Actual Values Used in Qualification	Qualification Range
Process/Type [Table 4.12, Item (1)]	<u>SMAW</u>	
Electrode (single or multiple) [Table 4.12, Item (7)]	<u>Single</u>	<u>Single</u>
Current/Polarity	<u>Direct/Reverse</u>	
Position [Table 4.12, Item (4)]	<u>3G</u>	<u>F, V, H</u>
Weld Progression [Table 4.12, Item (5)]	<u>Uphill</u>	
Backing (YES or NO) [Table 4.12, Item (6)]	<u>Yes</u>	
Material/Spec.	<u>A36 to A36</u>	
Base Metal		<u>1/8" to 3/4" Butts</u>
1/8" to 3/4" Butts		
Thickness: (Plate)		
Groove	<u>3/8"</u>	<u>Unlimited Fillets</u>
Fillet	<u>N/A</u>	<u>N/A</u>
Thickness: (Pipe/tube)		
Groove	<u>N/A</u>	<u>N/A</u>
Fillet	<u>N/A</u>	<u>N/A</u>
Diameter: (Pipe)		
Groove	<u>N/A</u>	<u>N/A</u>
Fillet	<u>N/A</u>	<u>N/A</u>
Filler Metal [Table 4.12]		
Spec. No.	<u>5.1</u>	
Class	<u>E7018</u>	
F-No. [Table 4.12, Item (2)]	<u>4</u>	<u>4</u>
Gas/Flux Type [Table 4.12]	<u>N/A</u>	
Other		

VISUAL INSPECTION (4.9.1)
Acceptable YES OR NO YES
Guided Bend Test Results (4.31.5)



John P McAneny
CWI 09110511
QC1 EXP. 11/1/2018

Type	Result	Type	Result
#1 Root Bend	<u>PASSED</u>	#1 Face Bend	<u>PASSED</u>

Fillet Test Results (4.31.2.3 and 4.31.4.1)

Appearance _____ Fillet Size _____
Fracture Test Root Penetration _____ Macroetch _____
(Describe the location, nature, and size of any crack or tearing of the specimen.)

Inspected by John McAneny Test Number 11151375
Organization Carpenters Joint Apprenticeship Committee Date 11/11/15

RADIOGRAPHIC TEST RESULTS (4.31.3.1)

Film Identification Number	Results	Remarks	Film Identification Number	Results	Remarks
Interpreted by _____			Test Number _____		
Organization _____			Date _____		

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in conformance with the requirements of Section 4 of AWS D1.1/D1.1M, (2010) Structural Welding Code — Steel.

Manufacturer or Contractor Carpenters Joint Apprenticeship Committee
Form N-4

Authorized By Charles T. Brock, Director
Date 11/11/15



215-824-2300

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10401 Decatur Road
Philadelphia, PA 19154

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**WELDER, WELDING OPERATOR, OR TACK WELDER QUALIFICATION TEST RECORD**

Type of Welder Welder
Name Michael Gill Identification No. MG6GD1.1
Welding Procedure Specification No. CJA 1440 Rev 0 Date 1/21/2016

Variables	Record Actual Values Used in Qualification	Qualification Range
Process/Type [Table 4.12, Item (1)]	<u>SMAW</u>	
Electrode (single or multiple) [Table 4.12, Item (7)]	<u>Single</u>	<u>Single</u>
Current/Polarity	<u>DCEP (Reverse)</u>	
Position [Table 4.12, Item (4)]	<u>6G</u>	<u>All</u>
Weld Progression [Table 4.12, Item (5)]	<u>Uphill</u>	
Backing (YES or NO) [Table 4.12, Item (6)]	<u>Yes</u>	
Material/Spec.	<u>A106 to A106</u>	
Base Metal		
Thickness: (Plate)		
Groove	<u>N/A</u>	<u>N/A</u>
Fillet	<u>N/A</u>	<u>N/A</u>
Thickness: (Pipe/tube)		
Groove	<u>.432</u>	<u>Unlimited</u>
Fillet	<u>N/A</u>	<u>Unlimited Fillets</u>
Diameter: (Pipe)		
Groove	<u>Groove</u>	<u>N/A</u>
Fillet	<u>6"</u>	<u>Unlimited</u>
Diameter: (Pipe)		
Filler Metal [Table 4.12]		
Spec. No.	<u>A5.1</u>	
Class	<u>E7018</u>	
F-No. [Table 4.12, Item (2)]	<u>F 4</u>	<u>F1 - F4</u>
Gas/Flux Type [Table 4.12]	<u>N/A</u>	
Other		



John P McNamy
CWI 09110511
QC1 EXP. 11/1/2018

VISUAL INSPECTION (4.9.1)
Acceptable YES OR NO YES
Guided Bend Test Results (4.31.5)

Type	Result	Type	Result
#1 Side Bend	<u>PASSED</u>	#3 Side Bend	<u>PASSED</u>
#2 Side Bend	<u>PASSED</u>	#4 Side Bend	<u>PASSED</u>

Fillet Test Results (4.31.2.3 and 4.31.4.1)

Appearance _____ Fillet Size _____
Fracture Test Root Penetration _____ Macroetch _____
(Describe the location, nature, and size of any crack or tearing of the specimen.)

Inspected by John McNamy Test Number 01161440
Organization Carpenters Joint Apprenticeship Committee Date 1/21/2016

RADIOGRAPHIC TEST RESULTS (4.31.3.1)

Film Identification Number	Results	Remarks	Film Identification Number	Results	Remarks
Interpreted by _____			Test Number _____		
Organization _____			Date _____		

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in conformance with the requirements of Section 4 of AWS D1.1/D1.1M, (2015) Structural Welding Code — Steel.
(year)

Manufacturer or Contractor Carpenters Joint Apprenticeship Committee
Form N-4

Authorized By Charles T. Brock, Director
Date 1/21/2016